PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

-FILED SECRETARY OF STATE

00 DEC -4 PM 5: 09

DOCUMENT#	P96000020792
-----------	--------------

1. Corporation Name

KAFKA, INC.

Principal	Place	αf	Business			

1464 WASHINGTON AVE

1464 WASHINGTON AVE

Mailing Address

MIAMI BEACH FL 33139 MIAMI BEACH FL US US						TATE				70		
		ng Office Ad	Office Address, If Applicable 4. D		Date Incorporated or Qualified To Do Business in Florida 03/06/1996							
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5.	FEI Number				pplied For		
City & State	,		City & State			6.		65-0648585		Not Applicable		
Zip	Country Zip		Zip				CERTIFICATE	S8.75 Additional Fee requir for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flor	rida nonprof				directors)	· · · · · · · · · · · · · · · · · · ·			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip					
-PSVI	BENNETT	BENNETT, JOHN G 1464-WASHINGTON-AVE			ON AVE	MIAMI BEACH FL 39139					- -	
_D	BENNETT, JOHN G			1464 WASHINGTON AVE		MIAMI BEACH FL 33139						
PSVT	GAV	IRIA, LUIS E		1464	+ WI	ASH INGTON	i p	WE	Hiami B	EACH	FL	33139
17		RIA, LUIS E		1464	cald	AINGTON A	116	ξ	MIAMI R	<u> </u>	(FL	33139
								21) 000035:	00:	392	28_
									-12/13/0 ****750	00	11101-	-015 750.00
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent								
BENNETT, JOHN G 1464 WASHINGTON AVE				Street Address (11/2 11/6	Box Number	is Not Acceptable)	AVE				

MIAMI BEACH FL 33139

Suite, Apt. #, Etc.

State

MAI H niliar with and accept the obligations of Section 607.0505, F.S. 10. I peing appointed the registered agent of

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals itsed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information individuals have been paid and the names of hell base the local effect as if made under each on this application is true and accurate, and n, signature shall have the same legal effect as if made under oath.

SIGNATURE:

CR2E040 (8/00)

- R34 -

 $\equiv 1000\,\mathrm{km}$